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Chancriform papule

A case report

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SUMMARY We describe a chancriform papule, a typically chancre like lesion, which was situated well away from the genital area in a patient diagnosed as having secondary syphilis. The diagnosis was confirmed by dark field microscopy, the effectiveness of antisyphilitic treatment, and the presence of a preputial scar.

Introduction

Chancriform papule is a dark field positive lesion resembling primary chancre found in patients with secondary syphilis.[1] There is no mention of this condition in the recent literature.[2] When it is present in an extragenital site it is possible to miss the other signs of secondary syphilis and treat the condition as that of chronic non-specific ulceration. This case is reported to increase awareness in the medical profession of this condition.

Case report

In May 1982 a 23 year old man was referred by a physician to the sexually transmitted diseases (STD) clinic at the Government Rajaji Hospital, Madurai. The patient complained of having had a sore over his hip for one month. He had had many sexual contacts, the most recent having been a prostitute one month earlier. He had not received any antimicrobial treatment.

On examination there was a circular ham coloured non-tender ulcer with an indurated base over the left hip 5 cm below the iliac crest (figure). Genital examination showed an indurated scar on the inner aspect of the prepuce. The left inguinal lymph glands were enlarged, discrete, rubbery, and not tender; those on the right side were discrete and small. There was a symmetrically distributed macular and papular rash on the trunk and upper arms. His palms, soles, mouth, and anal region were not affected. There was tenderness of the long bones of his arms and legs.

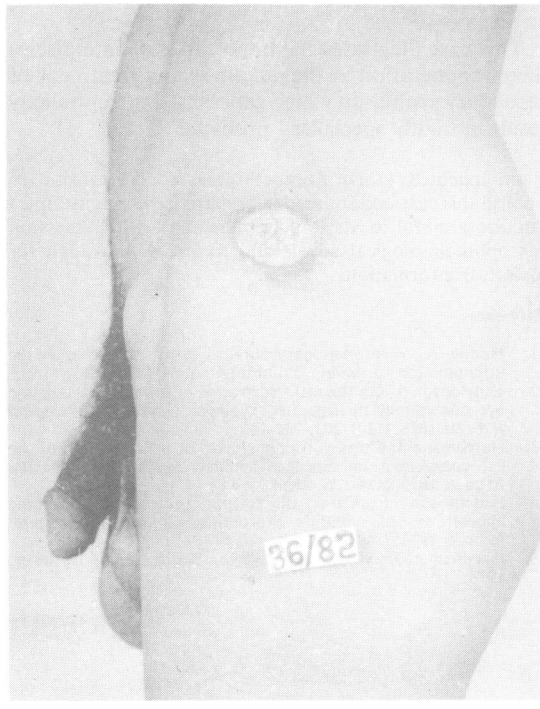

FIGURE *A chancriform papule—extragenital chancre like ulcer.*

INVESTIGATIONS

Dark field microscopy of serum obtained from the sore showed motile treponemes, the length, regularly spaced coils, and movements of which were characteristic of *Treponema pallidum*. The Venereal Disease Research Laboratory (VDRL) slide test was reactive at a titre of 1/16. A stained smear of ulcer

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material did not show Donovan bodies or *Haemophilus ducreyi*. It was not possible to examine his sexual contact as the patient could not give any information about her.

TREATMENT AND RESPONSE

He was treated with a single intramuscular injection of 2·4 Mega units of benzathine penicillin. There was no Jarisch-Herxheimer reaction. When reviewed 10 days after treatment the ulcer had almost healed and the rash had disappeared. The patient defaulted from follow up.

Discussion

Identification of *T pallidum* in the exudate from the ulcer and its prompt healing after antisyphilitic treatment rules out diagnoses such as tuberculous, malignant, and infected traumatic ulceration. The patient came from an area which is not endemic for the non-venereal treponematoses such as yaws. In about a third of cases of syphilis a chancre may still be present by the time the secondary stage begins.[3] It is possible that this patient had an extragenital primary chancre, although the mode of inoculation over the hip is very difficult to explain. Moreover the subpreputial scar supports the hypothesis that this was not a primary chancre and could only be a sequela of the secondary stage. Although dark field positive moist lesions such as eroded papules on the mucous membranes and grouped vegetative condylomata lata at mucocutaneous junctions are common in secondary syphilis, it is unusual to find an extragenital ulcer with typical hunterian features. It was, however, recognised by early syphilogists who named it chancriform papule.[1]

References

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